

21

23 April 1958

MEMORANDUM FOR THE RECORD

SUBJECT: Meeting on [REDACTED] D/H

1. The below-listed individuals met at 0900 this date for the purpose of discussing the [REDACTED] case: D/H

A/G [REDACTED] -00 [REDACTED] Psychologist [REDACTED] A/G

Dr. [REDACTED]

Dr. [REDACTED]

00 [REDACTED]

D/H2. [REDACTED] made a detailed biographical report on [REDACTED] prepared by Dr. [REDACTED]. The report contained many new details which were not previously brought to light. This detailed bio. report can be used as a main basis for a final outline of Subject's background. The report may be combined with specific information on names and addresses of relatives etc. now being obtained by [REDACTED]. A report was followed by a psychoanalytical report presented by Dr. [REDACTED]. A Dr. [REDACTED] questioned the eventual full recovery of Subject from his current paranoid condition. He pointed out that escape risk and the risk of suicide done unexpectedly and impulsively is a real one. He advocated treatment extending over a period of several months. It was [REDACTED] opinion that any information furnished by Subject will be questionable and may be misleading. He may be giving any answers simply to please the interrogators. He continually mis-identifies people, he errs in the estimate of distances; for example, his estimate of the distance from the safehouse to Washington was some 400 miles which is roughly 300 miles off base. He suffers from delusions. His story about his experiences in the ostensible house of prostitution has changed at least a half a dozen times, and the true angle of this incident is [REDACTED]

APPROVED FOR RELEASE

DATE 1 JUN 1978

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still a mystery. [redacted] believes that unless electric shock treatment or other treatment is administered, Subject's paranoid condition will be progressing. Dr. [redacted] suggests that sodium pentothal be administered in order to find out whether he is malingering his mental illness. It is hoped to determine his true situation by the proposed tests this weekend. During the period he is under treatment an opportunity may be taken to ask certain sensitive questions perhaps in the field. For this purpose it is suggested that a competent speaker accompany Dr. [redacted] to the safehouse this weekend, Saturday the 26th. [redacted] of Staff suggested that [redacted] had previous experience in this field and would be a good individual to use on a one-time basis. It was generally agreed that it would be undesirable to use someone who may have to continue working with [redacted] in further debriefings.

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A/G

C/H D/H

3. In order to have another means of approaching Subject, it was suggested that [redacted] spend a couple of days with [redacted] namely Thursday and Friday the 24th and 25th of April. His purpose would be to try to elicit information through informal friendly discussions. Arrangements will be made to take an OO interrogator and [redacted] to the safehouse on Wednesday the 23rd. [redacted] promised to come up with its requirements, which can be covered on Thursday and Friday by the OO interrogator.

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4. In order to receive [redacted] (Staff) approval for the utilization and administration of the drug, [redacted] was requested to prepare an appropriate memorandum.

A/G

5. [redacted] stated that Subject seems to have fallen under much greater mental pressure since the introduction of psychoanalysis. He pointed out that upon Subject's arrival at the safehouse, he did certain irrational things such as swimming at 5 o'clock in the morning, driving tractors into ditches; however, he did not begin to pace the floor all night until the beginning of psychoanalysis. Dr. [redacted] pointed out that [redacted] had been acting as a paranoid right from the first day of his defection and it was not brought on by current psychoanalysis.

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[redacted]

Chief,